

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 8, 2017

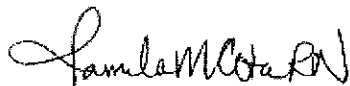
Ms. Heather Curavoo,
Maplewood Recovery Residence
195 Stratton Rd
Rutland, VT 05701

Dear Ms. Curavoo:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 4, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/04/2017
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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD RECOVERY RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 195 STRATTON RD RUTLAND, VT 05701
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO REF ID TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An onsite re-licensing survey, a self-report investigation and an anonymous complaint investigation were conducted by the Division of Licensing and Protection on 1/4/17. There were no regulatory issues identified with the re-licensing survey or the complaint. The findings for the self report include the following:	R100		
R206 SS;D	V RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required 33 VSA §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on investigation and record review for 1 of 2 applicable residents sampled (Resident # 1), the facility failed to ensure that an allegation of suspected abuse and/or neglect was reported to Adult Protective Services (APS) within 48 hours of learning of the suspected allegation. The findings include the following: Per review of the event report dated 4/28/16 at 12:30 PM, identifies that on Monday 4/25/16 in the evening Resident #1 was locked out of the facility. The resident had previously made a comment about the nurse "slipping [him/her] something". Therefore it was decided that a witness be present during the dispensing of	R206	All staff will be trained in Mandated reporting. A training is scheduled for 2/8/17, 2/18/17 and 2/24/17. An annual mandated reporting training will be conducted. This will be ongoing. All new staff will be trained in mandated reporting at initial agency orientation. This will be ongoing. There will be a memo to staff outlining the necessary phone and fax numbers for mandated reporting completed by 3/15/17. The agency policy will be updated to include licensing requirement by 3/15/17. The Risk management officer will monitor staff to ensure that the training requirements are met. This will be on-going. The Program Manager, Residential Coordinator, Risk Management officer and the training specialist for the agency will meet to update policies to ensure the policies meet licensing regulations by 3/15/17. I	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Leather Curavoo

Program Manager

02/7/17

STATE FORM

(499)

7TH711

If continuation sheet 1 of 3

R206-R224 POCs accepted 2/8/17 G. Coleman R. H. M.

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/04/2017
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NAME OF PROVIDER OR SUPPLIER

MAPLEWOOD RECOVERY RESIDENCE

STREET ADDRESS, CITY, STATE, ZIP CODE

195 STRATTON RD

RUTLAND, VT 05701

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R206	Continued From page 1 medication. Resident #1 "got upset, for [he/she] did not feel this was necessary". S/he shoved the coffee table with his/her foot and slammed the outside door. He/she went outside to cool off and when he/she tried to come back into the facility the door was locked. Facility administration reviewed the video surveillance tape on 4/28/16 and confirmed that the Resident Support Specialist locked Resident #1 out of the building for the time period between 8:12 and 9 PM. Per interview with the Program Manager on 1/4/17 confirmation is made that the report to APS was late. Per facility policy titled "Mandated Reporting, Suspected Abuse, Neglect or Exploitation" identifies "Make a report orally or in writing to APS as soon as possible, but no later than 48 hours, for incident involving vulnerable adults".	R206		
R224	VI. RESIDENTS' RIGHTS SS=D, 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to ensure that 1 of 3 sampled residents was free from mental or physical abuse and neglect. The findings include the following: Per review, the event report dated 4/28/16 at 12:30 PM, identifies that on the evening of Monday, 4/25/16, Resident # 1 was locked out of	R224	All staff will be trained in resident's rights and the Maplewood Elopement policy by 3/15/17. Staff will receive annual training for both policies. This will be ongoing. New staff will receive resident's rights as part of their new hire training at the program. This training will be on-going. Training reports will be sent to risk management who will follow-up to ensure completion of trainings. This will be on-going.	

Division of Licensing and Protection

STATE FORM

6/699

7TH711

If continuation sheet 2 of 3

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ EWING		(X3) DATE SURVEY COMPLETED 01/04/2017
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD RECOVERY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 195 STRATTON RD RUTLAND, VT 05701			
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R224	Continued From page 2 the facility by a staff member. The resident had previously made a comment about the nurse "slipping [him/her] something". Therefore it was decided that a witness be present during the the dispensing of medication. Resident #1 "got upset, for [he/she] did not feel this was necessary". S/he shoved the coffee table with his/her foot and slammed the outside door. He/she went outside to cool off and when he/she tried to come back into the facility the door was locked. Facility administration reviewed the video surveillance tape on 4/28/16 and confirmed that the Resident Support Specialist locked Resident #1 out of the building for the time period between 8:12 and 9 PM. I	1	R224		